

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

|                                                                                                                                |                     |          | <del></del>                             |                                 |                        |                       |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------|----------|-----------------------------------------|---------------------------------|------------------------|-----------------------|
| Bert                                                                                                                           | s Qua               | liH      | Provisions (Mobile)                     | Telephone Number 502 630 9289   | Date of It<br>(mm/dd/y | /r)                   |
|                                                                                                                                |                     |          | mber and street, city, state, zip code) |                                 | 2/1,                   | /20  19-367           |
| 2776                                                                                                                           | Mt. Ta              | er.      | Rd. New Alban, IN 47150                 |                                 | '_ <u>'</u>            |                       |
| Owner                                                                                                                          |                     |          |                                         | Purpose:                        | Follow-u               |                       |
|                                                                                                                                |                     |          |                                         | Routine                         | _ ~_                   | 10 days               |
| Owner's A                                                                                                                      | ddress              |          |                                         | 2. Follow-up                    | Summar                 | y of Violations:      |
| D 14.6                                                                                                                         | 71                  |          |                                         | 3. Complaint                    | $1 \times 1$           | $\sim$                |
| Person in C                                                                                                                    | th                  | 1        | but                                     | 4. Pre-Operational 5. Temporary |                        | MC JR                 |
| Responsible                                                                                                                    | e Person's          | E-ma     | a ·                                     |                                 | Menu Ty                | pe (See hack of page) |
|                                                                                                                                |                     |          |                                         | 6. HACCP                        |                        | _                     |
| Certified F                                                                                                                    | ood Mana;<br>Herber | jer<br>f | 5/24/24)                                | 7. Other (list)  OLPHops        | 12                     | 3 <u>X</u> 45_        |
| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"                                              |                     |          |                                         |                                 |                        |                       |
| • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" |                     |          |                                         |                                 |                        |                       |
| Section#                                                                                                                       | C/NC                | R        | Narra                                   | ative                           |                        | To Be Corrected By    |
|                                                                                                                                |                     |          |                                         |                                 |                        |                       |
|                                                                                                                                |                     |          | No violations.                          |                                 |                        |                       |
|                                                                                                                                |                     |          |                                         |                                 |                        |                       |
|                                                                                                                                |                     |          | ¥ ·                                     |                                 |                        |                       |
|                                                                                                                                | _                   |          |                                         |                                 |                        |                       |
|                                                                                                                                |                     |          |                                         |                                 |                        |                       |
|                                                                                                                                |                     |          |                                         |                                 | <del></del>            | <u> </u>              |
|                                                                                                                                |                     |          |                                         |                                 | <u>.</u>               |                       |
|                                                                                                                                |                     |          |                                         |                                 |                        |                       |
| <u> </u>                                                                                                                       |                     |          |                                         |                                 | <u>-</u>               |                       |
|                                                                                                                                |                     |          |                                         |                                 |                        |                       |
|                                                                                                                                |                     |          |                                         |                                 |                        |                       |
|                                                                                                                                |                     |          |                                         |                                 |                        |                       |
|                                                                                                                                |                     |          |                                         |                                 |                        |                       |
|                                                                                                                                |                     |          |                                         | <u> </u>                        |                        |                       |
|                                                                                                                                |                     |          |                                         |                                 |                        |                       |
|                                                                                                                                |                     | -        |                                         |                                 |                        |                       |
|                                                                                                                                |                     |          |                                         | <u> </u>                        |                        |                       |
|                                                                                                                                |                     |          |                                         |                                 |                        |                       |
|                                                                                                                                |                     |          |                                         | Inspected by (name and title)   | printed):              |                       |
| Received by (signature):                                                                                                       |                     |          |                                         | A.).                            | Ingram                 | (EHS)                 |
| Received by                                                                                                                    | (signature)         | ;        |                                         | Inspected by (signature):       | <del></del>            |                       |
|                                                                                                                                |                     |          |                                         |                                 | av                     | i                     |
| ce:                                                                                                                            | <u></u>             |          | ce:                                     | <u> </u>                        | ce:                    |                       |